

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 15 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....
 Township.....
 City.....

Registration District No. **791**
1003
 Primary Registration District No.
 (No. **10-38 Market St.**)

File No. **27269**
 Registered No. **7509**
 St. Ward)

2. FULL NAME

(a) Residence, No. **15-35 Market St.** **25** Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Lilly A. Caldwell**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS **about 63** MONTHS **-** DAYS **-** If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **clerk**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Butler Bros.**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **11 yrs**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Warrensburg Mo.**

13. NAME **Thos. J. Caldwell**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ky.**

15. MAIDEN NAME **Martha S. Holmes**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Va.**

17. INFORMANT **C. P. Hammond**
 (ADDRESS) **Concordia Mo.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Warrensburg Mo.** DATE **7-26-34**

19. UNDERTAKER **Alvander & Sons**
 (ADDRESS) **615 S. 2nd St.**

20. FILED **21-1934** **J. Bredeck**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 25, 1934**

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **12:00 p.m.**

The principal cause of death and related causes of importance were as follows:

191 Date of onset

8 years in 9 years

Other contributory causes of importance

M

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) **J. Bredeck**

(Address) **712 S. 2nd St.**

